

## Plan Year 2024-2025

**Post-Pooling - Full Time** **1 FTE** **Monthly CAP** **\$2,014.31**

\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$2,012.20**

\* Vision insurance is included in all Medical plans

\* Adding Dependent(s) to coverage has **NO** additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	2,012.20	593.30	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	2,012.20	593.30	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	2,012.20	593.30	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	2,012.20	365.23	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	2,012.20	365.23	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	2,012.20	365.23	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,507.33	-	1,507.33
	Dental	154.56	-	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	345.83	-	345.83
	Health	1,507.33	-	1,507.33
	Dental	154.56	-	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	345.83	-	345.83
	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	345.83	-	345.83
	Health	1,507.33	-	1,507.33

### \*Health Saving Accounts (HSA)

Employee is to reach out to PR-Ben@wlwv.k12.or.us to create Qualifying Life Event to update HSA employee contribution during the year.

2024 IRS Annual Limit	Single	Family
	4150	8300
HSA Fee	\$3.50	

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,845.82	-	1,845.82
	Dental	154.56	-	154.56
Kaiser Permanente EPO & Willamette Dental	Health	1,845.82	-	1,845.82
	Dental	115.75	-	115.75
Kaiser Permanente EPO & No Dental	Health	1,845.82	-	1,845.82

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	154.56	-	154.56
Willamette Dental	Dental	115.75	-	115.75

## Plan Year 2024-2025

**Post-Pooling - Part Time** **0.83 FTE** **Monthly CAP** **\$1,671.88**

\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,669.77**

\* Vision insurance is included in all Medical plans

\* Adding Dependent(s) to coverage has **NO** additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,669.77	935.73	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,669.77	935.73	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,669.77	935.73	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,669.77	707.66	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	1,669.77	707.66	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,669.77	707.66	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,507.33	-	1,507.33
	Dental	154.56	-	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33
	Dental	154.56	-	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33
	Dental	115.75	-	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33

### \*Health Saving Accounts (HSA)

2024 IRS Annual Limit Single Family

Employee is to reach out to PR-Ben@wlwv.k12.or.us to create 4150 8300

Qualifying Life Event to update HSA employee contribution during

the year. HSA Fee \$3.50

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,669.77	176.05	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	1,669.77	176.05	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,669.77	176.05	1,845.82

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	154.56	-	154.56
Willamette Dental	Dental	115.75	-	115.75

## Plan Year 2024-2025

**Post-Pooling - Part Time** **0.8 FTE** **Monthly CAP** **\$1,611.45**

\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,609.34**

\* Vision insurance is included in all Medical plans

\* Adding Dependent(s) to coverage has **NO** additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,609.34	996.16	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,609.34	996.16	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,609.34	996.16	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,609.34	768.09	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	1,609.34	768.09	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,609.34	768.09	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,507.33	-	1,507.33
	Dental	102.01	52.55	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,507.33	-	1,507.33
	Dental	102.01	13.74	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,507.33	-	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33
	Dental	102.01	52.55	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33
	Dental	102.01	13.74	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,507.33	-	1,507.33

### \*Health Saving Accounts (HSA)

Employee is to reach out to PR-Ben@wlwv.k12.or.us to create Qualifying Life Event to update HSA employee contribution during the year.

2024 IRS Annual Limit	Single	Family
	4150	8300

*HSA Fee*      \$3.50

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,609.34	236.48	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	1,609.34	236.48	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,609.34	236.48	1,845.82

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	154.56	-	154.56
Willamette Dental	Dental	115.75	-	115.75

## Plan Year 2024-2025

**Post-Pooling - Part Time** **0.7 FTE** **Monthly CAP** **\$1,410.02**

\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,407.91**

\* Vision insurance is included in all Medical plans

\* Adding Dependent(s) to coverage has **NO** additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,407.91	1,197.59	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,407.91	1,197.59	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,407.91	1,197.59	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,407.91	969.52	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	1,407.91	969.52	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,407.91	969.52	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,407.91	99.42	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,407.91	99.42	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,407.91	99.42	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,407.91	99.42	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,407.91	99.42	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,407.91	99.42	1,507.33

### \*Health Saving Accounts (HSA)

	2024 IRS Annual Limit	Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create Qualifying Life Event to update HSA employee contribution during		4150	8300

HSA Fee \$3.50

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,407.91	437.91	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	1,407.91	437.91	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,407.91	437.91	1,845.82

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	154.56	-	154.56
Willamette Dental	Dental	115.75	-	115.75

## Plan Year 2024-2025

**Post-Pooling - Part Time** **0.67 FTE** **Monthly CAP** **\$1,349.59**

\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,347.48**

\* Vision insurance is included in all Medical plans

\* Adding Dependent(s) to coverage has **NO** additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,347.48	1,258.02	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,347.48	1,258.02	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,347.48	1,258.02	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,347.48	1,029.95	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	1,347.48	1,029.95	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,347.48	1,029.95	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,347.48	159.85	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,347.48	159.85	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,347.48	159.85	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,347.48	159.85	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,347.48	159.85	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,347.48	159.85	1,507.33

### \*Health Saving Accounts (HSA)

	2024 IRS Annual Limit	Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create Qualifying Life Event to update HSA employee contribution during	HSA Fee	4150	8300
	\$3.50		

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,347.48	498.34	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	1,347.48	498.34	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,347.48	498.34	1,845.82

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	154.56	-	154.56
Willamette Dental	Dental	115.75	-	115.75

## Plan Year 2024-2025

**Post-Pooling - Part Time** **0.65 FTE** **Monthly CAP** **\$1,309.30**

\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,307.19**

\* Vision insurance is included in all Medical plans

\* Adding Dependent(s) to coverage has **NO** additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	1,307.19	1,298.31	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	1,307.19	1,298.31	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	1,307.19	1,298.31	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	1,307.19	1,070.24	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	1,307.19	1,070.24	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	1,307.19	1,070.24	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	1,307.19	200.14	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	1,307.19	200.14	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	1,307.19	200.14	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	1,307.19	200.14	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	1,307.19	200.14	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	1,307.19	200.14	1,507.33

### \*Health Saving Accounts (HSA)

	2024 IRS Annual Limit	Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create Qualifying Life Event to update HSA employee contribution during	HSA Fee	4150	8300
	\$3.50		

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	1,307.19	538.63	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	1,307.19	538.63	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	1,307.19	538.63	1,845.82

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	154.56	-	154.56
Willamette Dental	Dental	115.75	-	115.75



## Plan Year 2024-2025

**Post-Pooling - Part Time** **0.5 FTE** **Monthly CAP** **\$1,007.16**

\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$1,005.05**

\* Vision insurance is included in all Medical plans

\* Adding Dependent(s) to coverage has **NO** additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator Voyager 100 &amp; Ameritas Dental</b>	Health	1,005.05	1,600.45	2,605.50
	Dental	-	154.56	154.56
<b>Pacific Source Navigator Voyager 100 &amp; Willamette Dental</b>	Health	1,005.05	1,600.45	2,605.50
	Dental	-	115.75	115.75
<b>Pacific Source Navigator Voyager 100 &amp; No Dental</b>	Health	1,005.05	1,600.45	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 300 &amp; Ameritas Dental</b>	Health	1,005.05	1,372.38	2,377.43
	Dental	-	154.56	154.56
<b>Pacific Source Navigator 300 &amp; Willamette Dental</b>	Health	1,005.05	1,372.38	2,377.43
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 300 &amp; No Dental</b>	Health	1,005.05	1,372.38	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP &amp; Ameritas Dental</b>	Health	1,005.05	502.28	1,507.33
	Dental	-	154.56	154.56
<b>Pacific Source Navigator 1600 HDHP &amp; Willamette Dental</b>	Health	1,005.05	502.28	1,507.33
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 1600 HDHP &amp; No Dental</b>	Health	1,005.05	502.28	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Ameritas Dental</b>	HSA	-	-	-
	Health	1,005.05	502.28	1,507.33
	Dental	-	154.56	154.56
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Willamette Dental</b>	HSA	-	-	-
	Health	1,005.05	502.28	1,507.33
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; No Dental</b>	HSA	-	-	-
	Health	1,005.05	502.28	1,507.33

**\*Health Saving Accounts (HSA)**

	2024 IRS Annual Limit	Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create Qualifying Life Event to update HSA employee contribution during		4150	8300

HSA Fee \$3.50

PLAN E		Employer Paid	Employee Paid	Monthly Total
<b>Kaiser Permanente EPO &amp; Ameritas Dental</b>	Health	1,005.05	840.77	1,845.82
	Dental	-	154.56	154.56
<b>Kaiser Permanente EPO &amp; Willamette Dental</b>	Health	1,005.05	840.77	1,845.82
	Dental	-	115.75	115.75
<b>Kaiser Permanente EPO &amp; No Dental</b>	Health	1,005.05	840.77	1,845.82

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
<b>Ameritas Vision</b>	Vision	13.68	-	13.68
<b>Ameritas Dental</b>	Dental	154.56	-	154.56
<b>Willamette Dental</b>	Dental	115.75	-	115.75

## Plan Year 2024-2025

## Plan Year 2024-2025

**No Pooling - Part Time** **0.4 FTE** **Monthly CAP** **\$756.00**

\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$753.89**

\* Vision insurance is included in all Medical plans

\* Adding Dependent(s) to coverage has **NO** additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	753.89	1,851.61	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	753.89	1,851.61	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	753.89	1,851.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	753.89	1,623.54	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	753.89	1,623.54	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	753.89	1,623.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	753.89	753.44	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	753.89	753.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	753.89	753.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	753.89	753.44	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	753.89	753.44	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	753.89	753.44	1,507.33

**\*Health Saving Accounts (HSA)**

Employee is to reach out to PR-Ben@wlwv.k12.or.us to create Qualifying Life Event to update HSA employee contribution during

2024 IRS Annual Limit	Single	Family
	4150	8300
HSA Fee	\$3.50	

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	753.89	1,091.93	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	753.89	1,091.93	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	753.89	1,091.93	1,845.82

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	154.56	-	154.56
Willamette Dental	Dental	115.75	-	115.75

## Plan Year 2024-2025



## Plan Year 2024-2025

**No Pooling - Part Time** **0.33 FTE** **Monthly CAP** **\$623.70**

\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

Remaining = CAP - \$1.90 (Basic Life) - \$ 0.21 (Dependent Life) = **\$621.59**

\* Vision insurance is included in all Medical plans

\* Adding Dependent(s) to coverage has **NO** additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator Voyager 100 & Ameritas Dental	Health	621.59	1,983.91	2,605.50
	Dental	-	154.56	154.56
Pacific Source Navigator Voyager 100 & Willamette Dental	Health	621.59	1,983.91	2,605.50
	Dental	-	115.75	115.75
Pacific Source Navigator Voyager 100 & No Dental	Health	621.59	1,983.91	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 300 & Ameritas Dental	Health	621.59	1,755.84	2,377.43
	Dental	-	154.56	154.56
Pacific Source Navigator 300 & Willamette Dental	Health	621.59	1,755.84	2,377.43
	Dental	-	115.75	115.75
Pacific Source Navigator 300 & No Dental	Health	621.59	1,755.84	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP & Ameritas Dental	Health	621.59	885.74	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP & Willamette Dental	Health	621.59	885.74	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP & No Dental	Health	621.59	885.74	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
Pacific Source Navigator 1600 HDHP + HSA & Ameritas Dental	HSA	-	-	-
	Health	621.59	885.74	1,507.33
	Dental	-	154.56	154.56
Pacific Source Navigator 1600 HDHP + HSA & Willamette Dental	HSA	-	-	-
	Health	621.59	885.74	1,507.33
	Dental	-	115.75	115.75
Pacific Source Navigator 1600 HDHP + HSA & No Dental	HSA	-	-	-
	Health	621.59	885.74	1,507.33

### \*Health Saving Accounts (HSA)

	2024 IRS Annual Limit	Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create Qualifying Life Event to update HSA employee contribution during		4150	8300
HSA Fee	\$3.50		

PLAN E		Employer Paid	Employee Paid	Monthly Total
Kaiser Permanente EPO & Ameritas Dental	Health	621.59	1,224.23	1,845.82
	Dental	-	154.56	154.56
Kaiser Permanente EPO & Willamette Dental	Health	621.59	1,224.23	1,845.82
	Dental	-	115.75	115.75
Kaiser Permanente EPO & No Dental	Health	621.59	1,224.23	1,845.82

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
Ameritas Vision	Vision	13.68	-	13.68
Ameritas Dental	Dental	154.56	-	154.56
Willamette Dental	Dental	115.75	-	115.75

## Plan Year 2024-2025

<b>No Pooling - Part Time</b>	<b>0.3 FTE</b>	<b>Monthly CAP</b>	<b>\$567.00</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

$$\text{Remaining} = \text{CAP} - \$1.90 \text{ (Basic Life)} - \$0.21 \text{ (Dependent Life)} = \mathbf{\$564.89}$$

\* Vision insurance is included in all Medical plans

\* Adding Dependent(s) to coverage has NO additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator Voyager 100 &amp; Ameritas Dental</b>	Health	564.89	2,040.61	2,605.50
	Dental	-	154.56	154.56
<b>Pacific Source Navigator Voyager 100 &amp; Willamette Dental</b>	Health	564.89	2,040.61	2,605.50
	Dental	-	115.75	115.75
<b>Pacific Source Navigator Voyager 100 &amp; No Dental</b>	Health	564.89	2,040.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 300 &amp; Ameritas Dental</b>	Health	564.89	1,812.54	2,377.43
	Dental	-	154.56	154.56
<b>Pacific Source Navigator 300 &amp; Willamette Dental</b>	Health	564.89	1,812.54	2,377.43
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 300 &amp; No Dental</b>	Health	564.89	1,812.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP &amp; Ameritas Dental</b>	Health	564.89	942.44	1,507.33
	Dental	-	154.56	154.56
<b>Pacific Source Navigator 1600 HDHP &amp; Willamette Dental</b>	Health	564.89	942.44	1,507.33
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 1600 HDHP &amp; No Dental</b>	Health	564.89	942.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Ameritas Dental</b>	HSA	-	-	-
	Health	564.89	942.44	1,507.33
	Dental	-	154.56	154.56
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Willamette Dental</b>	HSA	-	-	-
	Health	564.89	942.44	1,507.33
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; No Dental</b>	HSA	-	-	-
	Health	564.89	942.44	1,507.33

**\*Health Saving Accounts (HSA)**

	2024 IRS Annual Limit	Single	Family
Employee is to reach out to PR-Ben@wlwv.k12.or.us to create Qualifying Life Event to update HSA employee contribution during		4150	8300
HSA Fee	\$3.50		

PLAN E		Employer Paid	Employee Paid	Monthly Total
<b>Kaiser Permanente EPO &amp; Ameritas Dental</b>	Health	564.89	1,280.93	1,845.82
	Dental	-	154.56	154.56
<b>Kaiser Permanente EPO &amp; Willamette Dental</b>	Health	564.89	1,280.93	1,845.82
	Dental	-	115.75	115.75
<b>Kaiser Permanente EPO &amp; No Dental</b>	Health	564.89	1,280.93	1,845.82

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
<b>Ameritas Vision</b>	Vision	13.68	-	13.68
<b>Ameritas Dental</b>	Dental	154.56	-	154.56
<b>Willamette Dental</b>	Dental	115.75	-	115.75

<b>No Pooling - Part Time</b>	<b>0.2 FTE</b>	<b>Monthly CAP</b>	<b>\$378.00</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

$$\text{Remaining} = \text{CAP} - \$1.90 \text{ (Basic Life)} - \$0.21 \text{ (Dependent Life)} = \mathbf{\$375.89}$$

\* Vision insurance is included in all Medical plans

\* Adding Dependent(s) to coverage has NO additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator Voyager 100 &amp; Ameritas Dental</b>	Health	375.89	2,229.61	2,605.50
	Dental	-	154.56	154.56
<b>Pacific Source Navigator Voyager 100 &amp; Willamette Dental</b>	Health	375.89	2,229.61	2,605.50
	Dental	-	115.75	115.75
<b>Pacific Source Navigator Voyager 100 &amp; No Dental</b>	Health	375.89	2,229.61	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 300 &amp; Ameritas Dental</b>	Health	375.89	2,001.54	2,377.43
	Dental	-	154.56	154.56
<b>Pacific Source Navigator 300 &amp; Willamette Dental</b>	Health	375.89	2,001.54	2,377.43
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 300 &amp; No Dental</b>	Health	375.89	2,001.54	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP &amp; Ameritas Dental</b>	Health	375.89	1,131.44	1,507.33
	Dental	-	154.56	154.56
<b>Pacific Source Navigator 1600 HDHP &amp; Willamette Dental</b>	Health	375.89	1,131.44	1,507.33
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 1600 HDHP &amp; No Dental</b>	Health	375.89	1,131.44	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Ameritas Dental</b>	HSA	-	-	-
	Health	375.89	1,131.44	1,507.33
	Dental	-	154.56	154.56
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Willamette Dental</b>	HSA	-	-	-
	Health	375.89	1,131.44	1,507.33
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; No Dental</b>	HSA	-	-	-
	Health	375.89	1,131.44	1,507.33

**\*Health Saving Accounts (HSA)**

2024 IRS Annual Limit	Single	Family
	4150	8300

Employee is to reach out to [PR-Ben@wlwv.k12.or.us](mailto:PR-Ben@wlwv.k12.or.us) to create Qualifying Life Event to update HSA employee contribution during

HSA Fee \$3.50

PLAN E		Employer Paid	Employee Paid	Monthly Total
<b>Kaiser Permanente EPO &amp; Ameritas Dental</b>	Health	375.89	1,469.93	1,845.82
	Dental	-	154.56	154.56
<b>Kaiser Permanente EPO &amp; Willamette Dental</b>	Health	375.89	1,469.93	1,845.82
	Dental	-	115.75	115.75
<b>Kaiser Permanente EPO &amp; No Dental</b>	Health	375.89	1,469.93	1,845.82

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
<b>Ameritas Vision</b>	Vision	13.68	-	13.68
<b>Ameritas Dental</b>	Dental	154.56	-	154.56
<b>Willamette Dental</b>	Dental	115.75	-	115.75

<b>No Pooling - Part Time</b>	<b>0.17 FTE</b>	<b>Monthly CAP</b>	<b>\$321.30</b>
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\* Employer contribution (CAP) includes medical, dental, vision, life and dependent life premium

$$\text{Remaining} = \text{CAP} - \$1.90 \text{ (Basic Life)} - \$0.21 \text{ (Dependent Life)} = \mathbf{\$319.19}$$

\* Vision insurance is included in all Medical plans

\* Adding Dependent(s) to coverage has NO additional cost

PLAN A		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator Voyager 100 &amp; Ameritas Dental</b>	Health	319.19	2,286.31	2,605.50
	Dental	-	154.56	154.56
<b>Pacific Source Navigator Voyager 100 &amp; Willamette Dental</b>	Health	319.19	2,286.31	2,605.50
	Dental	-	115.75	115.75
<b>Pacific Source Navigator Voyager 100 &amp; No Dental</b>	Health	319.19	2,286.31	2,605.50

Pacific Source Navigator and Voyager Network

PLAN B		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 300 &amp; Ameritas Dental</b>	Health	319.19	2,058.24	2,377.43
	Dental	-	154.56	154.56
<b>Pacific Source Navigator 300 &amp; Willamette Dental</b>	Health	319.19	2,058.24	2,377.43
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 300 &amp; No Dental</b>	Health	319.19	2,058.24	2,377.43

PLAN C		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP &amp; Ameritas Dental</b>	Health	319.19	1,188.14	1,507.33
	Dental	-	154.56	154.56
<b>Pacific Source Navigator 1600 HDHP &amp; Willamette Dental</b>	Health	319.19	1,188.14	1,507.33
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 1600 HDHP &amp; No Dental</b>	Health	319.19	1,188.14	1,507.33

HDHP = High Deductible Medical Plan

PLAN D		Employer Paid	Employee Paid	Monthly Total
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Ameritas Dental</b>	HSA	-	-	-
	Health	319.19	1,188.14	1,507.33
	Dental	-	154.56	154.56
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; Willamette Dental</b>	HSA	-	-	-
	Health	319.19	1,188.14	1,507.33
	Dental	-	115.75	115.75
<b>Pacific Source Navigator 1600 HDHP + HSA &amp; No Dental</b>	HSA	-	-	-
	Health	319.19	1,188.14	1,507.33

**\*Health Saving Accounts (HSA)**

2024 IRS Annual Limit	Single	Family
	4150	8300

Employee is to reach out to [PR-Ben@wlwv.k12.or.us](mailto:PR-Ben@wlwv.k12.or.us) to create Qualifying Life Event to update HSA employee contribution during

HSA Fee \$3.50

PLAN E		Employer Paid	Employee Paid	Monthly Total
<b>Kaiser Permanente EPO &amp; Ameritas Dental</b>	Health	319.19	1,526.63	1,845.82
	Dental	-	154.56	154.56
<b>Kaiser Permanente EPO &amp; Willamette Dental</b>	Health	319.19	1,526.63	1,845.82
	Dental	-	115.75	115.75
<b>Kaiser Permanente EPO &amp; No Dental</b>	Health	319.19	1,526.63	1,845.82

EPO = Exclusive Provider Organization (formally known as our HMO plan)

NO MEDICAL		Employer Paid	Employee Paid	Monthly Total
<b>Ameritas Vision</b>	Vision	13.68	-	13.68
<b>Ameritas Dental</b>	Dental	154.56	-	154.56
<b>Willamette Dental</b>	Dental	115.75	-	115.75